

**Office of Inspector General  
License Fee Schedule  
Effective April 11, 2003**

**PLEASE MAKE CHECK PAYABLE TO: KENTUCKY STATE TREASURER**

Abortion Clinic	\$155.00
Alcohol or Other Drug Entity	\$155.00-Initial fee for each facility \$80.00-Renewal fee for each facility \$25.00-Name change fee \$80.00-Change in location fee \$155.00-Change in ownership fee
Alcohol or Other Drug Abuse Prevention Agency	\$155.00-Initial fee for each facility \$80.00-Renewal fee for each facility \$25.00-Name change fee \$80.00-Change in location fee \$155.00-Change in ownership fee
Alternative Birth Center	\$155.00
Alzheimer's Nursing Home	\$15.00 per bed \$155.00 minimum
Ambulatory Care Clinic	\$270.00
Ambulatory Surgical Center	\$270.00
Chemical Dependency Treatment Service	\$15.00 per bed \$155.00 minimum
Community Mental Health Mental Retardation Center	\$1,300.00
Comprehensive Physical Rehabilitation Hospital	ACCREDITED HOSPITAL: \$10.00 per bed \$155.00 minimum NON-ACCREDITED HOSPITAL \$15.00 per bed \$155.00 minimum
Critical Access Hospital	\$15.00 per bed \$155.00 minimum
Day Health Care	\$140.00
Family Care Home	\$40.00
Group Home for the Mentally Retarded/Developmentally Disabled	\$80.00
Health Maintenance Organization	\$10.00 per 100 patients
Home Health Agency	\$140.00
Hospice	\$35.00
Hospital	ACCREDITED HOSPITAL \$10.00 per bed \$155.00 minimum NON-ACCREDITED HOSPITAL \$15.00 per bed \$155.00 minimum
ICF/MR Facility	\$15.00 per bed \$155.00 minimum

Intermediate Care Facility	\$15.00 per bed \$155.00 minimum
Laboratory	\$155.00 initial fee \$80.00 renewal fee
Mobile Health Service	\$270.00
Network	\$270.00
Nursing Facility	\$15.00 per bed \$155.00 minimum
Nursing Home	\$15.00 per bed \$155.00 minimum
Nursing Pool	\$130.00 initial fee \$65.00 renewal fee
Personal Care Home	\$4.00 per bed \$80.00 minimum
Prescribed Pediatric Extended Care Facility	\$155.00
Private Duty Nursing Agency	\$140.00
Primary Care Center	\$270.00 \$25.00 per satellite
Psychiatric Hospital	ACCREDITED HOSPITAL: \$10.00 per bed \$155.00 minimum NON-ACCREDITED HOSPITAL: \$15.00 per bed \$155.00 minimum
Psychiatric Residential Treatment Facility	\$270.00
Rehabilitation Agency	\$140.00
Renal Dialysis Facility	\$35.00 per station
Residential Hospice Facility	\$9.00 per bed \$155.00 minimum
Rural Health Clinic	\$140.00
Skilled Nursing Facility	\$15.00 per bed \$155.00 minimum
Special Health Clinic	\$270.00
Specialized Medical Technology Services	\$270.00
Plans and Specifications Review	\$.05 per square foot \$100.00 minimum